

Renewal Application for Use of Additional Medications or Procedures

(7 AAC 26.670)

Section of Injury Prevention and Emergency Medical Services

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Regulations

7 AAC 026.670. Approval of Additional Medications and Procedures.

(a) In order for a medical director to authorize a state-certified EMT-I, EMT-II, or EMT-III to use additional medications or procedures not covered under [7 AAC 26.040](#)(a), (b), or (c), the medical director shall

(1) submit to the department a request for approval; the request must include a plan for training and evaluation covering the additional skills; and

(2) if the request is approved, following the training and evaluation, send the department a list of individuals who are authorized to use the additional medications or procedures.

Procedure for Reapproval

- If you seeking approval for additional medications and procedures other than the previously-approved items listed on page 2 below, please submit a plan for training and evaluation of the additional items(s).
- Sign and mail or fax this form to the Section of Injury Prevention and EMS (IPEMS).
- Submit a roster of personnel authorized to administer the additional medications or procedures.

Physician Medical Director's Request for Reapproval

1. I have reviewed the program for additional medications and procedures approved by IPEMS under 7 AAC 26.670, which is summarized on page 2 below. I request extension of the expanded scope approval through the 2-year certification period of my ambulance service.
2. I will continue to use the training and evaluation program described in my application which was approved by IPEMS.
3. I will continue to notify IPEMS in writing of the following: when I authorize new medical personnel to perform these procedures; if I withdraw my authorization of an individual to perform these procedures; or if I withdraw my sponsorship of an EMT or EMTs.

Signature of Physician Medical Director

Date

Name of Physician Medical Director: _____

Name of Service: _____

Expanded Scope of Practice Program for: _____
(name of service)

Certification Level	Alaska Standard Scope of Practice	Additional Medications	Additional Procedures
<u>EMT I</u>	AED Manual defibrillation (if certified as a manual defibrillation technician) Ipecac Glucose (Glutose) Activated charcoal Aspirin 162-325 mg Assist patient in taking their own: <ul style="list-style-type: none"> • Nitroglycerin; • Epi-pens; and • MDI Albuterol 		
<u>EMT II</u>	All EMT-I procedures and medications plus: Approved advanced airway devices IV access Obtain blood for labs Glucometry Pediatric IO access Manual defibrillation (if certified as a manual defibrillation technician) Administer: <ul style="list-style-type: none"> • Narcan • D-50W • IV solutions: NaCl; LR; D5W 		
<u>EMT III</u>	All EMT-II procedures and medications plus: Monitor cardiac activity (3 or 12 lead) Manual defibrillation Monitor cardiac activity Contershock VF and pulseless VT Administer: <ul style="list-style-type: none"> • Epinephrine 1:1000 • Epinephrine 1:10,000 • Atropine • Lidocaine • Morphine 		